



MISSOURI DIVISION OF FIRE SAFETY
BOILER & PRESSURE VESSEL UNIT
P.O. BOX 844
JEFFERSON CITY, MO 65102
573-751-2930
FAX: 573-526-5971

OFFICE USE ONLY			
PERMIT # ASSIGNED	DATE ASSIGNED	DATE COMPLETED	MO # ASSIGNED

APPLICATION FOR BOILER OR PRESSURE VESSEL INSTALLATION PERMIT

When applying for multiple installations at one installation site, only one application is required

LOCATION ADDRESS								
NAME		PHONE NUMBER						
ADDRESS	CITY	STATE	ZIP					
CONTACT NAME	PHONE NUMBER		FAX NUMBER					
IS THIS BUSINESS COVERED BY AN INSURANCE INSPECTOR? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>								
INSURERS NAME								
TYPE OF BUSINESS								
OWNER ADDRESS <input type="checkbox"/> SAME AS LOCATION								
NAME		PHONE NUMBER						
ADDRESS	CITY	STATE	ZIP					
CONTACT NAME	PHONE NUMBER		FAX NUMBER					
BILLING ADDRESS <input type="checkbox"/> SAME AS LOCATION <input type="checkbox"/> SAME AS OWNER								
NAME		PHONE NUMBER						
ADDRESS	CITY	STATE	ZIP					
CONTACT NAME	PHONE NUMBER		FAX NUMBER					
INSTALLER INFORMATION								
NAME		PHONE NUMBER						
ADDRESS	CITY	STATE	ZIP	COUNTY				
CONTACT NAME	PHONE NUMBER		FAX NUMBER					
NUMBER OF BOILERS/FIRED PRESSURE VESSELS TO BE INSTALLED _____ <i>Attachment A must be completed for each unit to be installed</i>								
NUMBER OF UNFIRED PRESSURE VESSELS TO BE INSTALLED _____ <i>Attachment B must be completed for each unit to be installed</i>								

ATTACHMENT A
BOILER & FIRED PRESSURE VESSEL INSTALLATION PERMIT
VESSEL NUMBER _____ OF _____

1 PERMIT ACTION APPLYING FOR: (CHECK ALL THAT APPLY)

☐ New Installation ☐ Second Hand Installation ☐ Re-Installation ☐ Emergency Installation

2 CATEGORY OF BOILER/FIRED PRESSURE VESSEL TO BE INSTALLED

☐ High Pressure Steam ☐ High Pressure - High Temp Hot Water ☐ Low Pressure Steam ☐ Hot Water Boiler ☐ Fired Storage Water Heater

3 USE OF BOILER/FIRED PRESSURE VESSEL TO BE INSTALLED

☐ Steam Heating ☐ Hot Water Heating ☐ Hot Water Supply ☐ Manufacturing Process ☐ Potable Water ☐ Other _____

4 ASME STAMP OF VESSEL TO BE INSTALLED

☐ U ☐ UM ☐ H ☐ H (cast iron) ☐ HLW ☐ S

5 MANUFACTURER'S DATA REPORT: Reference 11 CSR 40-2.061

☐ Attached ☐ Supplied at time of inspection

6 PLANT LOCATION, EXITS AND VENTILATION: Reference 11CSR 40-2.030 and 11CSR 40-2.040

Location in Plant _____ Size of Room (sq. ft.) _____ Number of Exits _____
Room Ventilation Louver Size (sq/ft) _____ Combustion Air Louver Size (sq/ft) _____

7 CLEARANCE: Reference 11 CSR 40-2.030 and 11 CSR 40-2.040

Clearance Measurements from Point/Obstruction to Vessel: (Signify in Feet and/or Inches)

Overhead _____ Front _____ Rear _____ Right Side _____ Left Side _____

8 VESSEL DIMENSIONS: Reference 11 CSR 40-2.030 and 11 CSR 40-2.040

Signify in Feet and/or Inches

Diameter _____ Length _____ Width _____ Height (from floor including foundations) _____

9 CONTROLS AND SAFETY DEVICES

☐ Attached Separately ☐ Information Supplied at Time of Inspection

a) Max. Burner Input _____ Unit of Measure: BTU/hr ☐ PPH ☐ Kw/hr ☐

b) Boiler Heating Surface (sq. ft.) _____ Fired Storage Water Heaters Volume (gallons) _____

c) Fuel Type: ☐ Gas-Natural ☐ Gas-LP ☐ OIL ☐ Electric ☐ Wood ☐ Waste ☐ Coal ☐ Other _____

d) Firing Method: ☐ Forced Draft ☐ Atmospheric ☐ Element ☐ Auger ☐ Stoker ☐ Other _____

e) Low Water Fuel Cut-Off (#) _____ Pressure Controls (#) _____ Temperature Controls (#) _____

f) Remote Emergency Shutdown Installed: ☐ Yes ☐ No ☐ N/A

g) Safety Valves: Number _____ Total Capacity: _____

#1 _____ Size Set Pressure Capacity	#2 _____ Size Set Pressure Capacity	#3 _____ Size Set Pressure Capacity
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Permit Number Assigned _____ Inspector Assigned _____ Phone Number _____

Approved for Installation: ☐ Yes ☐ No ☐ Pending Additional Information

Additional Information Required / Reason Not Approved:

ATTACHMENT B
UNFIRED PRESSURE VESSEL INSTALLATION PERMIT
VESSEL NUMBER _____ OF _____

1 PERMIT ACTION APPLYING FOR: *(Check all that apply)*

☐ New Installation ☐ Second Hand Installation ☐ Re-Installation ☐ Emergency Installation

2 USE OF PRESSURE VESSEL TO BE INSTALLED

3 ASME STAMP OF VESSEL TO BE INSTALLED

☐ U ☐ UM ☐ HLW ☐ S

4 MANUFACTURER'S DATA REPORT: *Reference 11 CSR 40-2.061* ☐ Attached ☐ Supplied at time of inspection

5 CLEARANCE: *Reference 11 CSR 40-2.030 and 11 CSR 40-2.040*

Clearance Measurements from Point/Obstruction to Vessel: (Signify in Feet and/or Inches)

Overhead _____ Front _____ Rear _____ Right Side _____ Left Side _____

6 VESSEL DIMENSIONS: Signify in Feet and/or Inches - *Reference 11 CSR 40-2.030 and 11 CSR 40-2.040*

Diameter _____ Length _____ Width _____ Height (from floor including foundations _____

7 VESSEL CAPACITY: _____ Gallons/Cu. Ft.

8 ENERGY SOURCE:

9 TOTAL INPUT: _____ Unit of Measurement: ☐ Btu/hr ☐ PPH ☐ Kw/hr ☐ SCFM

10 SAFETY VALVES: Number _____ Total Capacity: _____

#1 _____	#2 _____	#3 _____
Size Set Pressure Capacity	Size Set Pressure Capacity	Size Set Pressure Capacity

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Permit Number Assigned _____ Inspector Assigned _____ Phone Number _____

Approved for Installation: ☐ Yes ☐ No ☐ Pending Additional Information

VESSEL NUMBER _____ OF _____

1 PERMIT ACTION APPLYING FOR: *(Check all that apply)*

☐ New Installation ☐ Second Hand Installation ☐ Re-Installation ☐ Emergency Installation

2 USE OF PRESSURE VESSEL TO BE INSTALLED

3 ASME STAMP OF VESSEL TO BE INSTALLED

☐ U ☐ UM ☐ HLW ☐ S

4 MANUFACTURER'S DATA REPORT: *Reference 11 CSR 40-2.061* ☐ Attached ☐ Supplied at time of inspection

5 CLEARANCE: *Reference 11 CSR 40-2.030 and 11 CSR 40-2.040*

Clearance Measurements from Point/Obstruction to Vessel: (Signify in Feet and/or Inches)

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7 VESSEL CAPACITY: _____ Gallons/Cu. Ft.

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10 SAFETY VALVES: Number _____ Total Capacity: _____

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Size Set Pressure Capacity	Size Set Pressure Capacity	Size Set Pressure Capacity

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Permit Number Assigned _____ Inspector Assigned _____

Approved for Installation: ☐ Yes ☐ No ☐ Pending Additional Information